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Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) * May be used for additional claims or amendments AFTER SECOND AFTER FIRST CLAIMS AS FILED AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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